

CITY OF CHELSEA, MA Human Resources Department

City Hall, 500 Broadway, Room 301 · Chelsea, MA 02150 Phone: 617.466.4170 · Fax: 617.466.4175

VETERAN PROPERTY TAX WORK OFF PARTICIPANT APPLICATION February 1, 2021 – October 31, 2021

Name of Applicant and DOB:	Phone #:	
Mailing Address:	Email:	
Name & Phone # of Emergency Contact:		
Property Address for which you are seeking a credit:		
PART A: Eligibility requirements. Please an	nswer the following	questions
	YES	NO
Are you a Chelsea homeowner or the current spouse of a Chelsea homeowner? Are you a Veteran or the spouse of a qualified Veteran? Is your Chelsea home your primary residence? Do you own any other properties in MA or any other state? Do you own and occupy the property for which you are seeking a credit? Are you a City of Chelsea employee?		
PART B: Qualifications	S	
List your skills and talents. Please list at least three skills.		
Please list your former occupation(s):		
Please check off areas of proficiency: COMPUTER: Basic Intermediate Advanced Word Proces Comfortable dealing with public Comfortable answeri Comfortable in busy environment Other		Other

Do you have any physical or medical restrictions? (For example: hearing limitation, vision loss, inability to sit or stand for a period of time, limited range of motion, unable to lift, etc.) Please explain.				
Do you prefer to work outdoors if a position w you drive? Do you have transportation to a work site?	vere available? Do	YES YES YES	NO NO NO	
Please note dates, days and time you are abl	le to participate, or sched	luling restrictions.		
Maximum Work-Off Credit Allowed per House (You will be notified of Acceptance)			<u>signed</u>	
COVID 19 IMPACT on VETERAN TAX WORK OFF PRO Covid 19 continues to have an impact in our daily lives Off Program by limiting the current opportunities availa you in a position that follows appropriate Covid 19 proto that we will contact you as soon as one does become a	s, including work. This al able to participants. Plea tocols. Suitable positions	se know that we will	make every effort to place	
By signing below, I attest that my Chelsea residence if Work-Off Program, I understand that what I earn can the pains and penalties of perjury, I declare that to the and statements are true, correct and complete.	only be applied as a cred	dit to my City of Chel	sea Property Tax. Under	
Signature:		Date:		

REVISED: HR -DC 01/29/2021

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